

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 28906

Title: Trefoil factor-3 is not a useful marker of mucosal healing in Crohn's disease treated with anti-TNF- α antibodies

Reviewer's code: 03474080

Reviewer's country: Turkey

Science editor: Jing Yu

Date sent for review: 2016-07-22 18:58

Date reviewed: 2016-09-15 17:11

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Dear Author, I read your manuscript. Overall it is a globally good designed study and well written manuscript, although it's small sample size. It is acceptable for publication.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 28906

Title: Trefoil factor-3 is not a useful marker of mucosal healing in Crohn's disease treated with anti-TNF- α antibodies

Reviewer's code: 02533156

Reviewer's country: Ireland

Science editor: Jing Yu

Date sent for review: 2016-07-22 18:58

Date reviewed: 2016-10-11 00:12

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors present the results of a prospective study of the utility of measuring serum TFF-3 in patients with Crohn's disease for predicting mucosal healing following induction therapy with anti-TNF agents. The results are clearly presented and will be of interest, if only because they offer a clear message that TFF-3 performs poorly as a biomarker of mucosal healing in Crohn's. I believe that a number of changes would enhance the quality of the manuscript. Firstly I think the title of the study should be modified to clearly state the negative finding of the study (as it stands it appears at first glance to suggest the marker is useful). The authors should also discuss whether a sample size calculation was performed in advance of the study and how the sample size was decided. There is always a concern with a negative study of the potential for type 2 error due to small sample size. Also, the authors should discuss how they selected the time points for endoscopic evaluation for mucosal healing, and why the time points differed for adalimumab and infliximab. I would argue that at week 10, after just three doses of infliximab, one would hope to see endoscopic mucosal improvement but not expect to see optimal healing for 4-6 months.